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ABSTRACT

A study to determine the health status of older persons and to analyze the support provided to them by community health and social service agencies in Ohio is reported. As a cooperative effort of the Gerontology Program and the Medical College at Bowling Green University, the project specifically sought to conduct a health needs assessment of older residents in urban and rural environments, compare urban and rural communities with respect to health status and community resource utilization, incorporate findings into the Medical College and Gerontology Program curriculums, and identify data collection problems. Over 300 participants living either in a city, small town, or open rural country responded to the Multidimensional Functional Assessment Questionnaire. All of the elderly were functioning quite well despite advanced age and the diversity of their environments. However, the need exists for physicians to be aware of the needs, problems, and environment of their elderly clients. Also, adequate health insurance had a significant impact on economic self-sufficiency and well-being. Needs for planned social and recreational services for the elderly and for effective outreach and program publicity were demonstrated. The major benefit of the project was the cooperation among the medical school, social science faculty, and graduate students. (KC)

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ASSESSING THE MEDICAL AND SOCIAL SERVICE NEEDS OF OLDER PERSONS - A PROJECT REPORT

By

John Hiltner

and

C. William Bair

Paper presented at the Annual Meeting of the Association of American Geographers (Denver, CO, April 24-27, 1983).

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ASSESSING THE MEDICAL AND SOCIAL SERVICE NEEDS OF OLDER PERSONS - A PROJECT REPORT by John Hiltner, Bowling Green State University, Bowling Green, Ohio, 43403 and C. William Bair, Medical College of Ohio at Toledo, Toledo, Ohio 43614

This paper describes a funded research project conducted by the two authors. The funding source (Ohio Board of Regents), the goals established by the Regents, the objectives of the project, the nature of the survey tool (Multidimensional Functional Assessment Questionnaire), and the types of environments (rural, village, urban) selected as interview sites are discussed. The positive impacts are discussed. These include: multi-disciplinary assessment of problems, the enhancement of geography outside the discipline, the external funding generated by the grant, and the identification of several research thrusts for subsequent projects.

INTRODUCTION

The state of Ohio has been a leader in the development of education and training programs in geriatrics and gerontology. Faculty at several of the universities in the state have conducted research and taught courses about aging for several decades. For example, the Scripps Foundation Gerontology Center at Miami University has long been a leading educational center, offering courses about aging in numerous departments, a certificate in gerontology at the undergraduate level, and a master's degree in gerontological studies. In addition scholars such as Robert Atchley, Mildred Seltzer, and Sheila Miller, all well known in gerontology, are faculty members at the Scripps Center.

The Ohio Commission on Aging as well as several of the area agencies on aging in the state support educational efforts at colleges and universities, disseminate information about gerontology and geriatrics to service providers in the aging network, and sponsor conferences to enhance public awareness about aging. The Commission also sponsors the Ohio Network of Educational Consultants in Aging to coordinate educational efforts in the state and to serve as an advisory body to the commissioner.

The need was evident, however, for greater efforts in geriatric education and research at the state's seven state supported medical schools. Therefore, in 1977 the Ohio General Assembly passed legislation (H. B. 252) requiring these medical schools to establish Offices of Geriatric Medicine or departments in lieu thereof. These Offices or Departments are ". . . responsible for incorporating subject matter relating to geriatric medicine into existing courses, arranging courses which relate to geriatric medicine in sequence, and establishing courses in geriatric medicine whenever appropriate."[1] As a result of early progress and development, the legislature approved an appropriation of nearly $2 million for fiscal years 1980 and 1981. These funds were to be used not only for the Offices of

Geriatric Medicine, but also for incentive grants in the fields of geriatrics and gerontology to be administered by the Ohio Board of Regents.

Funds were also made available to support research projects which would promote collaboration between faculty at the medical schools and at the colleges and universities within the state. No single research project could exceed a cost of $10,000. Each project had to involve a researcher(s) at a medical school and a gerontologist(s) at a college or university. Each project also had to promote geriatric education at the medical school involved. The project proposals were subject to peer review and awards were made based on the research merits of the proposal as well as the conformity of each to the goals established by the Regents.

Within those guidelines, three proposals were submitted to the Ohio Board of Regents involving faculty members at Bowling Green State University and the Medical College of Ohio at Toledo. All of them were funded. The first of these was in the area of physiology of aging. A second related to the nutrition of the elderly.

This paper describes the third project which is a collaborative project between C. William Bair, MPH, a faculty member in the department of Community Medicine at the Medical College of Ohio at Toledo and John Hiltner, Ph.D., Professor of Geography and Director of the Gerontology Program at Bowling Green State University. We received slightly under $10,000 from the Ohio Board of Regents for the project, which in its active stage, extended over a two year period. Most of the money received was used to pay interviewers but money was available to fund a geography graduate student as a research assistant and to complete her master's thesis using data generated in the interviews.

During the past year the final report to the Ohio Board of Regents has been prepared and we have been presenting papers at meetings of various professional societies.[2]

OBJECTIVES OF THE PROJECT

The proposal submitted stated four objectives we hoped to achieve: 1) to conduct a health needs assessment of the older residents in two randomly selected small areas in northwest Ohio; 2) to compare the urban and rural communities with respect to health status and community resource utilization experience; 3) to incorporate this material into the Community Medicine Care segment of the medical curriculum at the Medical College and into selected courses of the Gerontology Program at Bowling Green in order to introduce students to methods of analyzing the support provided by community health and social service agencies to older persons; and 4) to use these assessment results to correct potential problems in data collection in subsequent research projects.

METHODOLOGY

In order to meet the objectives of the project it was necessary to decide where the data gathering should take place, and which kind of instrument should be used for gathering the data.

Consistent with the first objective of the project, it was decided to collect data about the elderly by personal interview in diverse environmental settings. Originally we had proposed to investigate the elderly in urban and rural environments. However, it soon became apparent that the elderly were located in diverse environments. Hence, the decision was made to collect data in three environments: in an urban area, in small towns and villages, and in open rural country.

The first environment selected for data collection was in the city of Toledo, Ohio. In Toledo, 150 valid interviews were secured in a set of randomly selected census tracts. It was hypothesized that the elderly living in this urban environment would be living in close proximity to each other and to younger persons, that a diversity of services would be available to them, that these elderly would be in better health, and that their levels of service usage would be higher than those of their rural counterparts.

The second environment selected was in Defiance County (Ohio) in the villages of Hicksville and Sherwood where 93 valid interviews were obtained. These villages were selected as representative of the hundreds of villages in the state which contain a limited set of services and shopping opportunities and often serve as a destination for older families from the nearby countryside either for shopping and service utilization or for a retirement residence.

The third environment was comprised of three townships in Defiance County (Ohio) where 66 interviews were completed. These townships contained no services or shopping opportunities and the settlement pattern was dispersed. Based on the literature about the rural aged, we hypothesized that the elderly in the two rural environments would be in poorer health, would have more transportation problems, would have lower levels of service utilization, and that fewer services would be available than in the urban area.

Considering the diverse purposes of the project, the use of a survey instrument which would produce a broad range of information about each elderly subject was necessary. Demographic information was needed as well as information about the subjects' physical health, mental health, economic and social resources, ability to conduct activities of daily living, and use and perceived need for services.

After considering various alternatives, the Multidimensional Functional Assessment Questionnaire (MFAQ) was selected as the survey instrument.[3] The MFAQ was developed at Duke University and has been extensively tested by the Duke researchers and others. The validity and reliability of the MFAQ has been established, and the instrument has been utilized as an evaluation tool and as a data gathering device for needs assessments in a variety of environmental situations. The researchers at Duke will also provide training in the administration of the MFAQ and will provide additional problem solving assistance.

Based on the gerontological literature, we hypothesized that there would be substantial demographic differences in the populations living in the three

geographic environments. However, there were relatively small differences among the three groups of subjects. Two exceptions to this general statement were the living arrangements and current employment patterns of the elderly in the rural townships where they were less likely to live alone and more likely to live with spouses than those in the villages and in Toledo. In addition, more township elderly were currently employed.

RESULTS

Since the results of our research are reported elsewhere, particularly in our report to the Board of Regents, only a few brief remarks about our findings are included in this paper.

Probably the outstanding finding of the project was that all three groups of elderly were functioning quite well in spite of their advanced age and the diversity of their environments. Only a minority of each group was found to be greatly impaired in the functional areas studied. Furthermore, most subjects reported little unmet demand for existing or additional services.

We did not find a deprived, depressed, or isolated elderly population. We were particularly surprised to discover that the township elderly were more healthy and self-sufficient than we had anticipated. Even assuming that negative aspects about themselves and their living accommodations were under-reported or that many of the subjects did not recognize they had problems, the positive responses of the subjects were noteworthy.

Nevertheless, key problems and service needs could be readily identified. One of these is the importance of the physician in the provision of health care services and the need for physicians, particularly in rural areas, who not only are cognizant of the needs and problems of their elderly clients but also of the diverse environmental settings in which the elderly function.

A second finding is the critical role of adequate health insurance with respect to elderly financial independence. The variable, out of pocket health

care expenditures, had a significant negative impact on economic self-sufficiency and presumably impacted on attitudes about life (mental health) and on the social support area.

A third important consideration is the need for planned social and recreational services for the elderly. These services are widely used and are particularly important to the rural elderly. While they are often considered as "soft" or peripheral to the elderly service package by some agencies and the general public, the senior centers, clubs, and voluntary agencies which provide these services to the elderly play a role second only to the physician among the subjects we interviewed.

A fourth finding was that the elderly in the villages were more like those in Toledo than the elderly in the townships who were much closer geographically. The elderly in the townships were at lower risk in the social, mental, and activities of daily living functions than those in Toledo or the villages. The township elderly were also physically more self-sufficient and were more likely to use family or friends than professional help when help was required.

Finally, the need for effective outreach and program publicity on the part of agencies or service providers was demonstrated. Several of the available services which either improve the quality of life or delay or deter the institutionalization of the elderly are little used or requested. It would appear that either the elderly don't know of these services or have little expectation of receiving them.

BENEFITS OF THE PROJECT

What are the positive benefits of this type of project for geographers? First, it should be noted, that the Ohio Regents specified that the faculty member from the college or university had to be a "gerontologist" in order to be a participant in the program. If the linkage between the Geography Department and Gerontology Program at Bowling Green had not existed, this project involving a geographer would not have been possible. Many of you in this room have established formal relation-

ships with colleagues from other disciplines under the umbrella of gerontology programs, center, and institutes. However, more geographers need to evaluate their relationships both with their colleagues from other disciplines and with practitioners in the aging network. Cooperation opens doors not otherwise open.

Secondly, the project facilitated invaluable cooperation between medical school and social science faculty members and graduate students. We all grew professionally as a result of the contacts we had with each other and the problems we had developing and completing the project. Problems arose with interviewer selection and training, selection of sites for interviewing, data manipulation, and data interpretation. Working as an interdisciplinary team facilitated the solving of these problems. Geographers, most of whom have little or no expertise in the analysis of health and medical conditions, but need this information can learn much from interdisciplinary projects such as this one. Conversely, it appeared that our medical colleagues had little expertise in survey research and certainly were not equipped to deal with geographic problems such as people-environment relationships or spatial variations.

Thirdly, we found once we got into the project, that while the MFAQ provided detailed information about the individual subject's health status, we still lacked other vital information about the subjects and the environments in which they lived. From a geographer's point of view, for example, the MFAQ asks "when and how often" about service utilization but not "the where." The MFAQ also fails to include questions about "length of time at present residence," "distance to family member providing support," or "adequacy of dwelling unit." Geographers, therefore, need to look critically at survey instruments and it would be to our advantage to have an impact on the development of instruments such as this one which is so extensively utilized in gerontological research.

Finally, the project has opened up new areas of inquiry we had not anticipated three years ago. A rather straight-forward data gathering project produced more

questions than answers. For example, more research needs to be done with village/small town elderly. We had many questions about the elderly in Hicksville and Sherwood which could not be answered. For example, are there differences between the elderly who have lived in these communities all their lives and those who have migrated in recently? Are those self-sufficient elderly who live in the townships examples of the survival of the fittest, with the less hardy moving to the villages late in life? Alternatively, are the elderly of the villages individuals who have left the urban environment because they could not cope or who have returned to the place of their birth? Questions like this cannot be answered without further interviewing.

There are also many unanswered questions regarding the status of the elderly in declining urban neighborhoods. What is the impact of housing abandonment on the elderly? Do they have different service needs in these kinds of neighborhoods? Are those not emigrating the least able or the best able to survive? The MFAQ does not provide answers to these kinds of questions either.

Another area of future research relates to the issue of satisfaction with the environment and satisfaction with the services and service providers which are available. Can a well trained geriatric physician serve as a proxy for the absence of services? Can an environment which places less stress on self-sufficiency, impact on the population at risk? The MFAQ skirts these issues.

In conclusion, the benefits of projects such as this were numerous. Interdisciplinary cooperation, promoting geography to non-geographers, securing outside funding in budget short times, and addressing significant research problems were a few of the benefits. The costs were non-existant.

FOOTNOTES

1. Begala, J.A. "Geriatric Education in Ohio: A Model for Change," The Gerontologist, Vol. 20, No. 5 (October 1980), p. 549.

2. Bair, C.W. and Hiltner, J. The Independent Elderly: Medical and Social Service Needs and Use by Older Persons in Northwest Ohio. Report submitted to the Ohio Board of Regents, December 1982.

3. Multidimensional Functional Assessment: The Oars Methodology, A Manual (Durham: Duke University, The Center for the Study of Aging and Human Development), Second Edition, 1978.